

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY**

4.b. EPSDT (continued)

Speech Language Evaluation: Speech language evaluation must be provided by a state licensed speech language pathologist (1) who holds a certificate of competence from ASHA; (2) has completed the equivalent educational requirements and work experience necessary for the certificate; or (3) has completed the academic program and is acquiring supervised work experience to qualify for the certificate.

Physical Therapy Evaluation: Physical therapy evaluation must be provided by a state licensed physical therapist.

Occupational Therapy Evaluation: Occupational therapy evaluation must be provided by a state licensed occupational therapist.

Psychological Evaluation and Testing: Psychological evaluation and testing must be provided by state licensed, board certified psychologist or school psychologist certified by the State Department of Education (SDE).

Child Guidance Treatment Encounter: A child guidance treatment encounter may occur through the provision of individual, family, or group treatment services to children who are identified as having specific disorders or delays in development, emotional, or behavioral problems, or disorders of speech, language or hearing. These types of encounters are initiated following completion of a treatment plan, or as a result of an IEP or IFSP and may include the following:

1. Hearing and Vision Services
2. Speech Language Therapy Services
3. Physical Therapy Services
4. Occupational Therapy Services
5. Nursing Services
6. Psychological Services
7. Psychotherapy Counseling Services
8. Assistive Technology

All services must be provided by properly certified and state licensed providers.

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DATE	<u>6-29-99</u>
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DATE	<u>4-26-99</u>
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SUPERSEDES: TN. 97-13

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## 4.b. EPSDT (continued)

Interperiodic Screening Examinations: Interperiodic screenings must be provided when medically necessary to determine the existence of suspected physical or mental illnesses or conditions. They may include physical, mental or dental conditions. The determination of whether an interperiodic screen is medically necessary may be made by a health, developmental or educational professional who comes into contact with the child outside of the formal health care system.

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March 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A  
Page 1b  
OMB NO.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OKLAHOMA

**CASE MANAGEMENT SERVICES**

- A. Target Group: The Chronically and/or severely mentally ill age 21 years and older.
- B. Areas of State in which services will be provided:
- ☒ Entire State.
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:
- C. Comparability of Services
- ☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.
- D. Definition of Services: Case management services are those provided to assist a client in gaining access to needed medical, social, educational, and other services essential to meeting basic human needs. This includes assisting the client in gaining access to basic community resources, referral and linkage to services, and is not restrictive in nature.

**Provider Specialties**

Private Facilities - Private facilities are those facilities who contract directly with the Oklahoma Health Care Authority to provide case management services.

DMHSAS Contracted Facilities - DMHSAS contracted facilities are those facilities who contract with the DMHSAS to provide services. These facilities receive an appropriation from the DMHSAS and report to DMHSAS via the OMHIS system.

Public Facilities - Public facilities are the regionally based Community Mental Health Centers.

<u>Service</u>	<u>Unit</u>	<u>Limitation</u>
Case Management	30 minutes	All units require prior authorization

All services will be subject to the medical necessity criteria.

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OKLAHOMA

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04-22-97

02-01-97

07-25

STATE

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SUPPLEMENT 1 TO ATTACHMENT 3.1-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State OKLAHOMA

- E. Provider Qualifications: Case managers certified on and after October 1, 1993, must have an associate's degree in a related human service field, or two years of college, plus two years or more of human service experience, including one year experience with children/youth and family; or a bachelor's degree in a related human service field plus one or more years human service experience; or a master's degree in a related human service field. All targeted case managers must complete training in targeted case management and received certification of such training.

Providers must work with an agency in which community based, facility and institutional linkages affecting the target group exist. The agency must demonstrate that their staff has experience working with the target group. The agency must comply with governing and program management standards set by the State of Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS), the certification agency. Acute care hospitals certified by the State Survey Agency as meeting Medicare standards including a JCAHO or American Osteopathic Association certification need not seek certification from the DMHSAS. Psychiatric hospitals certified by the State Survey Agency as meeting Medicare psychiatric hospitals standards including JCAHO accreditation need not seek certification from the DMHSAS. The agency must have the capacity to perform these case management functions. The agency must demonstrate its capacity to deliver case management services in terms of the following items:

1. Adequate case management staff to serve the target group.
2. Adequate administrative capacity to fulfill State and Federal requirements.
3. Maintenance of programmatic and financial records. Program records should show that the agency is able to develop and maintain assessment records. The financial records should include development of a management system which tracks costs associated with worker activities.

The agency must agree to comply with applicable Federal and State regulations.

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Attachment 3.1-A  
Page 2a-1

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY

4.c. Family planning services and supplies for individuals of  
child-bearing age

Counseling - Insertion of I.U.D. Referral to Family Planning Clinic. Sterilization limited to persons 21 years of age and over who are legally competent, not institutionalized and have signed the "Consent Form" within the prescribed time limit. Up to 3 pap smears per year. Prescriptions for birth control drugs are exempt from the three prescription per month limitation.

Family Planning Center Services

Medical and remedial care services provided by Family Planning Centers qualified by the Oklahoma State Department of Health. Services include the following:

Initial Examination - includes complete physical exam, complete general medical history, laboratory services, education and counseling, provision of chosen contraceptive method, treatment of minor gynecological problems and referral as needed.

Annual Examination - includes annual update, physical examination, medical history update, laboratory services, education and counseling, provision of chosen contraceptive method, treatment of minor gynecological problems and referral as needed.

Encounter Visit - includes a follow-up medical visit to provide education, counseling and monitoring of contraceptive method or a scheduled revisit for patients in a high risk category requiring more intensive medical management.

Vasectomy Services - includes the completed vasectomy which requires consent. Restricted to persons over 21 years of age at time consent form is signed.

Tubal Ligation Services - includes the completed tubal ligation which requires consent. Restricted to persons over 21 years of age at time consent form is signed.

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Attachment 3.1-A  
Page 2a-1.1

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY

4.c. Family Planning Center Services (cont'd)

Norplant System Kit - This is a levonorgestrel implant that is used as a long-term reversible contraceptive method that provides continuous contraception for as long as five years.

Levonorgestrel Implant of Norplant System - Minor in-office surgical procedure for implanting the Norplant system consisting of six flexible capsules.

Removal of Levonorgestrel Norplant System - Minor in-office surgical procedure for the removal of the Norplant System.

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Attachment 3.1-A  
Page 2a-1.2

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY

4.c. Family Planning Center Services (cont'd)

Service	Unit	Limitation
Initial Examination	Completed Examination and Services	One Initial Examination
Annual Examination	Completed Examination and Services	One Annual Examination
Encounter Visit	Completed Examination and Services	One Per Day
Vasectomy	Completed Procedure	Requires consent Restricted to persons over 21 years of age at time consent form is signed.
Tubal Ligation	Completed Procedure	Requires consent Restricted to persons over 21 years of age at time consent form is signed.
Norplant System Kit	One kit	One every 5 years
Levonorgestrel Implant Norplant System	Completed Examination and Services	One every 5 years
Removal of Levonorgestrel Norplant system	Completed Examination and Services	One every 5 years

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	<u>92-08</u>	A

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY

5. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Payment is made for compensable medical and surgical outpatient and inpatient services. For adults, count up to 12 hospital days paid on hospital claims during a State Fiscal Year for each individual recipient. These days will be maintained via the recipient file. Physician claims for hospital visits will be paid until the last compensable hospital day is captured. After 12 hospital days have been captured, no inpatient physician services will be paid beyond the last compensable hospital day. Hospital visits are limited to one visit per day per physician. Office visits, home visits or elsewhere are limited to two per month, per patient regardless of the number of physicians and two visits per month in a nursing facility. The following services are excluded from number of visits limitation:

1. Services related to an emergency medical condition
2. EPSDT services
3. Family planning services

Payment is made for medical and surgical services performed by a dentist, to the extent such services may be performed under State law either by a doctor of dental surgery or dental medicine, when those services would be covered if performed by a physician.

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Attachment 3.1-A  
Page 2a-3

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY**

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

Limited to medically necessary surgical procedures; medically necessary outpatient visits; and procedures generally considered as preventive foot care. All preventive care must be medically appropriate and related to the systemic disease. The patient must be under the active care of a doctor of medicine or osteopathy who documents the condition. The nursing home visits must be ordered by the attending physician. The nursing home record must reflect that the visit was not for screening purposes. All outpatient visits are subject to the existing visit limitations.

For children, see Item 4.b., EPSDT.

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Attachment 3.1-A  
Page 2a-4

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED  
CATEGORICALLY NEEDY

6.b. Optometrists' Services

See 4.b. EPSDT

Payment will be made to optometrists for medical services within the scope of the optometric practice as defined by State law for those services. Optometrists' services will be subject to the same amount, duration and scope as physicians.

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